

Chapter 8 – Reports

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Introduction

In this chapter, you will learn about how to generate configured reports in STARS. The preformatted STARS reports, available in the *Configuration* menu, aggregate and quantify data for users that have access to them. The data in the reports varies based on your user role, your partner organization, and your program's STARS hierarchy.

Types of reports include the SHIP and MIPPA Performance Measures Reports, Resource Reports, Summary Reports, Data Export Reports, CMS Unique IDs Report (available only to SHIP Directors and SHIP Assistant Directors), and Part D Enrollment Outcome (PDEO) Reports. A brief summary of each report is provided below.

- Performance Measures Reports: Measure SHIP and MIPPA performance according to national measures implemented by the U.S. Administration for Community Living (ACL).
- Resource Report: Gathers demographic and time spent metrics on team members.
- STARS Summary Reports: Totals most aspects of all beneficiary contacts, group outreach, or media outreach but does not contain identifying information like case numbers.
- Data Export Reports: Totals selected aspects of beneficiary contacts and contains identifying information like case numbers and date.
- CMS Unique ID Report: Lists team members with active and inactive Unique IDs and includes their Unique ID numbers. (Available only to Director and Assistant Directorlevel users.)
- Part D Enrollment Outcome (PDEO) Reports: Aggregate reports summarize cost change data; Quality Assurance reports identify cost change data for review.
- FAI Duals Summary Report: Displays records where "Duals Demonstration" was selected as a topic discussed. This report will not be discussed in depth in this chapter.

Comparison of Reports and Searches

Reports and searches are the primary ways for users to find information in STARS. Reports rely almost entirely on already defined parameters and display aggregated data, while searches are more customizable. Chapter 6 of this manual provides detailed information about how to use the Standard and Advanced Search tools. It is important to note, however, that users cannot



conduct searches based on beneficiary contact topics discussed or beneficiary race, due to system capacity issues. Only configured reports provide aggregated information about beneficiary contact topics discussed and beneficiary race.

Comparison of reports and Advanced Search tool:

	Advantages	Limitations
Reports	 Displays total numbers Already formatted (in Excel) Designed to compile large amounts of data across wider date ranges Meets national requirements 	 Criteria for filtering is limited (i.e. dates, partner organization) Rarely identifies specific forms May not be accessible to you because of your user role Visible data will depend upon where your partner organization fits within the STARS hierarchy
Advanced Search	 Can export to Excel Criteria can be complex Can define how results display Can be shared with and by other national users of the same role Can find the Partner Organizations in your hierarchy 	 Complex to understand and use Criteria and date range must be limited, or the search may exceed system capacity and fail to display Cannot search topics discussed or beneficiary race on the Beneficiary Contact Form Visible data will depend upon where your partner organization fits within the STARS hierarchy

Your Role Impacts Reports

STARS is role-based. Report access and visible data depend upon your STARS user role and your alignment within the STARS hierarchy. See Chapter 1 for more details on the STARS hierarchy.

Report Visibility by Role

Reports are only visible to STARS users with access to the *Configuration* menu. Those user roles are:

- SHIP Director
- · SHIP Assistant Director
- State Staff
- Sub-State Manager
- Site Manager

On the following page is an at-a-glance reference to access to searches and reports, depending upon user role.



Role name	Capabilities
SHIP Director	Can search all data and run reports at the state level and below
SHIP Assistant Director	Can search all data and run reports at the state level and below
State Staff	Can search all data and run reports at the state level and below
Sub-State Manager	Can search all data and run reports for their Sub-State and Sites below
Sub-State Staff	Can search all data for their Sub-State and Sites below; no reports access
Site Manager	Can search all data and run reports for their Site
Site Staff	Can search all data for their Site; no reports access
Team Member	 Can search data at and below their level in the *hierarchy * Note: this role can be aligned with any level of the hierarchy No reports access; Unable to search team member forms
STARS Submitter	N/A. No search menu or reports access; must use the Tracking Inbox

Deadlines

Programs must submit data to STARS on a monthly basis. The monthly deadlines for submitting data are outlined in Chapter 1. By following those data entry deadlines, programs will automatically be reporting on time. In most cases, programs are not required to download reports and submit them to ACL.

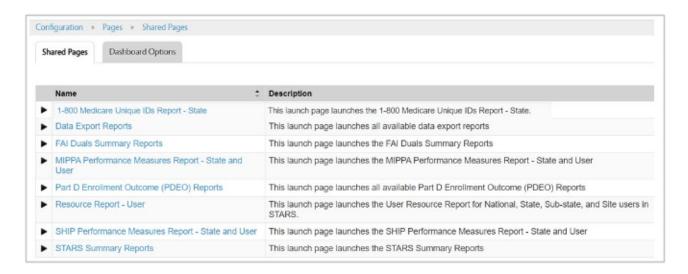
One exception to this rule is the Part D Enrollment Outcomes (PDEO) Quality Assurance Review Report, which must be downloaded, reviewed, and submitted to ACL on a semiannual basis (see Chapter 7). The Unique ID Report does not need to be downloaded or submitted, but it must be reviewed and verified each month. Directors and Assistant Directors should review Chapter 3 and the Managing CMS Unique IDs Job Aid for more information.

Purpose of Reports

One important purpose of the reports in STARS is to share the impact of program efforts with policy makers. For example, ACL publishes data from STARS in the SHIP Reports to Congress, and MIPPA performance is also shared with Congress. Reports impact the ability to maintain and increase SHIP and MIPPA program funding. The different types of reports in STARS were created for different reasons and serve different purposes for ACL, SHIP, and MIPPA programs.

An image of the Configuration menu in STARS showing the types of reports is on the next page.





The primary intended purpose of each report type is listed in the table below.

Report Type	National Intended Purpose
Performance Measure Reports	Measure the performance of SHIP and MIPPA programs based on Performance Measures defined by ACL.
Resource Reports	Used to provide information about the SHIP network in the annual <u>SHIP Report to Congress</u> , especially time spent and team member demographics
Summary Reports	 Intended to replace the Advanced Search for beneficiary contacts topics discussed and the Beneficiary Race field. Display aggregated data on most aspects of the forms from which the data is pulled.
Data Export Reports	Intended to replace the Advanced Search for beneficiary contacts topics discussed and the Beneficiary Race field. Display information about individual cases and may be used to find individual forms.
CMS Unique IDs Report	ACL provides this report to CMS each month to inform the activation and inactivation of CMS Unique IDs. Information in this report determines which CMS Unique IDs will be recognized by CMS as active for the following month.
Part D Enrollment Outcome Reports	 Aggregate reports summarize data on changes in prescription drug costs resulting from SHIPs helping beneficiaries enroll in Part D plans or Medicare Advantage plans with prescription drug coverage (MA-PD plans).
	 Quality assurance reports help SHIP directors and ACL identify prescription drug cost change data that has been entered incorrectly.
FAI Duals Summary Reports	Display records where "Duals Demonstration" was selected as a topic discussed. They are used primarily by ACL for a collaboration with CMS and will not be discussed further in this chapter.



Regardless of the intended purpose, STARS users with access to a report can generate it at any time to better understand data related to their SHIP or MIPPA programs and work to improve their programs.

Report Data Sources

Because reports are used to evaluate effectiveness of state/territory SHIP and MIPPA programs, or, in the case of the CMS Unique IDs, to maintain an important SHIP counseling tool, it is important to ensure that all data is entered properly. The previous chapters of the STARS Manual highlight data entry fields that contain important content for reports, particularly the Performance Measures Reports, the Resource Report, and the Part D Enrollment Outcomes Reports.

SHIP and MIPPA directors should be particularly aware of the data sources for reports. The SHIP TA Center also produces handouts, micro-training recordings, and webinars to help ensure data accuracy. See the STARS Resources Kit (login required). Finally, timely data entry is also important. Data is due by the end of the month following the month in which activity occurred. See Chapter 1 for a monthly data entry due dates timetable.

Accessing Reports

All STARS reports are available in the *Configuration* menu under *Shared Pages*. The *Reporting* menu item is not used.

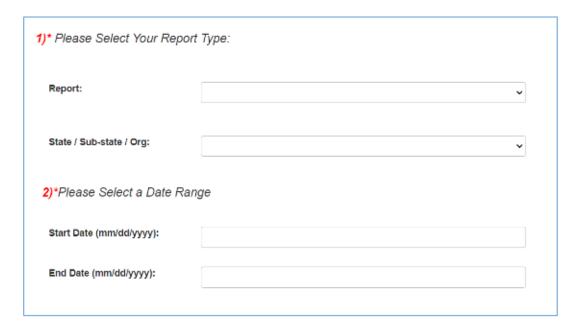
 To generate a report, go to the Configuration menu (NOT Reporting), select Pages, and select Shared Pages.



- Choose the report type that you wish to run.
- You will be taken to another page with drop-down options to set specifications for your report.
- Depending on the report type, you may be asked to set the scope by choosing the specific report you wish to run.



You will also need to select your State, a Sub-State, or a Site from your State Hierarchy and a date range.



6. For some reports, you will also be required to choose your report format (Microsoft Excel, PDF, Rich Text File (rtf), or HTML). We recommend choosing the default setting.

Date Range Criteria and Maximums

When you generate a report, you will be asked to select a start date and end date for the data summarized. Due to system capacity limitations, different STARS reports have different maximum date ranges for which they can be generated. Some reports can pull data for up to one year, while others are limited to just one month. The chart below summarizes the maximum date ranges for each report.

Report Type	Maximum Date Range
Performance Measure Reports	One year or less (any date range within that maximum)
Resource Report	Up to a year, in monthly increments
Summary Reports	Six months or less (any date range within that maximum)
Data Export Reports	One month or less (any date range within that maximum)
CMS Unique IDs Report	Not applicable
Part D Enrollment Outcome (PDEO) Reports	Use the date range described in the chapter about PDEO reporting



Performance Measures Reports

Overview

ACL has created a series of Performance Measures to assess the performance of different SHIP and MIPPA programs based on standard criteria. These Performance Measures assess how well SHIP and MIPPA programs have reached Medicare-eligible populations that are targeted by the SHIP and MIPPA grants. The SHIP program has five Performance Measures, while the MIPPA program has four Performance Measures.

The SHIP and MIPPA Performance Measures Reports display the percentage of the targeted Medicare-eligible populations (referred to as the *penetration rate*) that each state or territory program has reached in the selected date range, as compared to that date range in the previous year.

The state Performance Measures Report in which a Beneficiary Contact Form or Beneficiary Additional Session Form is counted is determined by the "County of Beneficiary Location" field. However, if the "State of Beneficiary Location" differs from the "State of Session Location," the state will be determined using the County of Session Location" field. This allows programs that counsel out-of-state clients to get the credit for their efforts on their state's Performance Measures Report.

The state Performance Measures Report in which a Group Outreach and Education Form is counted is determined using the "County of Event" field.

SHIP Performance Measures Report

The SHIP Performance Measures Report quantifies the performance of each SHIP program on five Performance Measures, as defined by ACL:

Performance Measure 1 – Client Contacts

 Percentage of total client contacts per Medicare beneficiaries in the state/territory.

Performance Measure 2 – Outreach Contacts

 Percentage of persons reached through presentations, booths/exhibits, and enrollment events per Medicare beneficiaries in the state/territory.

Performance Measure 3 – Contacts Under 65

- Percentage of contacts with Medicare beneficiaries under the age of 65 per Medicare beneficiaries under 65 in the state/territory.
- Performance Measure 4 Hard to Reach Contacts



 Percentage of low-income, rural, and non-native English-speaking contacts per total "hard-to-reach" Medicare beneficiaries in the state/territory.

Performance Measure 5 – Enrollment Contacts

 Percentage of unduplicated enrollment contacts (i.e., contacts with one or more qualifying enrollment topics) discussed per Medicare beneficiaries in the state/territory.

For each Performance Measure, the percentage of people reached is referred to as the penetration rate. As you can see, Performance Measures 1, 3, 4, and 5 summarize SHIP program performance related to beneficiary contacts (collected through the Beneficiary Contact Form and Beneficiary Additional Session Form), while Performance Measure 2 summarizes SHIP performance related to outreach (collected through the Group Outreach and Education Form). None of the SHIP Performance Measures use data from the Media Outreach and Education Form.

SHIP Denominator Data Sources

Each Performance Measure is based on the percentage of the identified population in a state or territory that was served by a SHIP program. This population data is also called "denominator" data. It is embedded in STARS to auto-calculate Performance Measures Report percentages. Here are the sources of denominator data for the SHIP Performance Measures:

SHIP Performance Measures	: Sources of Total Population Denominator Data
PM 1 – Total Client	Medicare Enrollment Dashboard (April each year)
Contacts	
PM 2 - Outreach	Medicare Enrollment Dashboard (April each year)
PM 3 – Under 65	Medicare Enrollment Dashboard (April each year)
PM 4 – Hard to Reach	 Low-income: LIS beneficiary population (CMS data)
	 Rural: Medicare Enrollment Dashboard (April each year),
	filtered by beneficiaries in counties identified as rural (See FIPS
	and Urban-Rural Classification Codes)
	Non-native English: Estimated from the Census Bureau
	American Community Survey
PM 5 – Enrollment	Medicare Enrollment Dashboard (April each year)
Discussed	

Link to the Medicare Enrollment Dashboard: https://data.cms.gov/summary-statistics-on-beneficiary-enrollment/medicare-and-medicaid-reports/medicare-monthly-enrollment



Likert Ratings

ACL uses a Likert scale to assess the performance of SHIP programs on the SHIP Performance Measures and how they compare with their peers. Each grant year (April 1 – March 31), SHIP programs are assigned a rating of Excellent, Good, Average, Fair, or Low for each Performance Measure based on how their penetration rate compares to that of other SHIP programs. The criteria for each Likert rating are outlined in the table below.

Score Location	Rating
Top 10% (5 States/Territories)	Excellent
Next 20% (11 States/Territories)	Good
Middle 40% (22 States/Territories)	Average
Next 20% (11 States/Territories)	Fair
Bottom 10% (5 States/Territories)	Low

Each SHIP program receives a Likert rating for each Performance Measure based on their performance in the previous grant year, as well as a target Likert rating for each Performance Measure to work toward in the upcoming grant year. These Likert ratings are displayed in the SHIP Performance Measures Report and shared by ACL with SHIP directors on an annual basis.

Report Format

The SHIP Performance Measures Report can be run for an entire state/territory, a sub-state, or site, depending on your STARS user role and location in your state/territory's STARS hierarchy. It may be run for any date range up to one calendar year. The SHIP TA Center recommends that you use the default setting (Microsoft Excel) when generating this report. This report is large, so it may take some time to generate.

When you open the downloaded report in Microsoft Excel, you will see that it has nine tabs: one tab with summary data, one tab for Performance Measures 1, 2, 3, and 5, and four tabs for Performance Measure 4.

The document will initially show the summary tab when opened in Excel. It will be labeled as "State Summary" when the report is generated for an entire state/territory and as "User Summary" when generated for a sub-state or site.

State Summary Tab

The State Summary tab available in state/territory Performance Measure Report displays highlevel information for each Performance Measure, which we will discuss in this section. See the following page for an example State Summary tab.



Date Ra	formance Measures Re State o4/01/2021 - 03/31 run on: 08/10/2022		tate Name	4	State health assistance p	insurance rograms			
		Previous Date Range *	С	urrent Date Rang	je		Current Date Range		mance Rating
State Name	Performance Measure	Total # Reached	Medicare Population	Total # Reached	Penetration Rate %	% Change in Total #	Likert Performance	Annual 2020 - 2021 Target Performance Ration	Annual 2020 - 2021 Target Penetration Rate
Virginia	PM 1: Beneficiary Contacts	117	1,532,666	58	0.00%	-50.43%	Low	Average	3.03%
Virginia	PM 2: Group Outreach Contacts	864	1,532,666	197	0.01%	-77.20%	Low	Average	2.63%
Virginia	PM 3: Medicare Beneficiaries Under 65	2	204,268	1	0.00%	-50.00%	Low	Good	4.01%
Virginia	PM 4: Total Hard-to-Reach Contacts	113	829,859	63	0.01%	-44.25%	Low	Average	3.33%
Virginia	PM 5: Enrollment Contacts	100	1,532,666	36	0.00%	-64.00%	Low	Average	2.27%
Previous Date	04/01/2020 _ 03/31/2021								

The yellow fields labeled "Current Date Range" display data from the date range that was specified when generating the report. The first column in this yellow section displays the population data that is used to calculate the penetration rate for each Performance Measure. This data, referred to as <u>denominator data</u>, comes from a variety of federal sources and differs depending on the population targeted in each Performance Measure. The second yellow column displays the total number of people reached for each Performance Measure, and the third yellow column displays the penetration rate, which is the total number of people reached divided by the Medicare population data (denominator data).

The blue fields labeled "Previous Date Range" display data for the date range one year before the date range specified for the report. The previous date range is specified under the bottom left-hand corner of the formatted chart. For a specified date range of 4/1/2021 - 3/31/2022, the "Previous Date Range" column would display data for 4/1/2020 - 3/31/2021. This column displays the total number of people reached for each Performance Measure in the previous year.

The white fields display the percent change in the number of people reached during the specified date range compared to the previous date range. This percentage will be positive if there was an increase in the number of people reached and negative if there was a decrease in the number of people reached.

The orange fields display the Likert rating assigned to the state/territory for each Performance Measure. For additional information on Likert ratings and how they are assigned, see <u>Likert Ratings</u> and the note below about report date ranges.

Finally, the green fields display information about the Likert ratings and penetration rates that ACL has established for each Performance Measure for the following year.



A note about report date ranges

Likert ratings and denominator data are based upon the SHIP grant year (April of one year through March of the following year). If the report is generated for a time period other than the SHIP grant year, the system displays the Likert ratings and denominator data for the SHIP grant year that represents the majority of days in the specified date range. Here is an example:

- Report range = calendar year 2020 (January 2020 December 2020).
 - The majority of days fall within the grant year of April 2020 March 2021, not the previous grant year
 - The Likert ratings and denominator data displayed will be from the April 2020 - March 2021 grant year.

User Summary Tab

The User Summary tab in the sub-state and site SHIP Performance Measure Reports displays more limited information. It only shows the total number of people reached for each Performance Measure in the specified date range and the previous date range, as well as the percent change in number of people reached between the two years. Medicare population denominator data, penetration rate, Likert ratings, and targets are omitted. An example User Summary tab is shown below.

SHIP Performance Measures Report - User

04/01/2021 - 03/31/2022 Date

Range:

Sub-State/Site



		Previous Date Range	Current Date Range	
Site Name	Performance Measure	Total # Reached	Total # Reached	% Change in Total # Reached
Virginia Sile 1020	PM 1: Beneficiary Contacts	17	1	-94 12%
Virginia Site 1020	PM 2: Group Outreach Contacts	50	0	-100.00%
Virginia Site 1020	PM 3: Medicare Beneficiaries Under 65	0	0	0.00%
Virginia Site 1020	PM 4: Total Hard-to-Reach Contacts	12	2	-83.33%
Virginia Site 1020	PM 5: Enrollment Contacts	14	0	-100.00%

* Previous 04/01/2020 - 03/31/2021

PM1, PM2, PM3, PM4.Totals, PM4.1, PM4.2, PM4.3, and PM5 Tabs

The remaining tabs in the SHIP Performance Measures Report display more in-depth data about the people reached for each of the SHIP Performance Measures. There are no format differences for state-level reports versus sub-state and site-level; the only differences are the scope of the data available within the report because of the STARS hierarchy. Each tab displays data for the Performance Measure indicated in the tab name. Tabs PM4.1, PM4.2, and PM4.3



all display data for the different hard-to-reach populations defined in Performance Measure 4. The Performance Measure data shown in each tab is summarized below:

- PM1: Performance Measure 1 Client Contacts
- PM2: Performance Measure 2 Outreach Contacts
- PM3: Performance Measure 3 Contacts Under 65
- PM4.Totals: Performance Measure 4 Hard to Reach Contacts (Total)
- PM4.1: Performance Measure 4 Hard to Reach Contacts (Low Income Contacts)
- PM4.2: Performance Measure 4 Hard to Reach Contacts (Rural Contacts)
- PM4.3: Performance Measure 4 Hard to Reach Contacts (English as Non-Primary Language)
- PM3: Performance Measure 5 Enrollment Contacts

Each of these tabs break down the total number of people reached for each Performance Measure by county. The "Previous Date Range" column lists the total number of people reached per county during the previous date range, while the "Current Date Range" columns list the Medicare population data (denominator data) and total number of people reached per county. The "Penetration Rate %" column shows the total number of people reached divided by the Medicare population data (denominator data) for each county. The "% Change in Total #" column displays the calculated percent change in the number of people reached between the specified date range and the previous date range for each county.

FIPS and Urban-Rural Classification Codes

These tabs also provide useful information about the counties included in the report data. They provide the unique FIPS¹ code for each county, as well as each county's urban-rural classification code according to the Center for Health Statistics (NCHS), Urban-Rural Classification Scheme. Those who are interested in learning how the total number of rural contacts are calculated for Performance Measure 4 should pay special attention to this urban-rural classification code. Beneficiaries are designated as rural if they reside an in a county classified as a non-metro category. The six CDC urban-rural classifications are:

- Large central metro (LCM)
- Large fringe metro (LFM)
- Medium metro (MM)
- Small metro (SM)
- 5) Micropolitan (MIC)
- 6) Noncore a.k.a. outside (OUT)

¹ Federal Information Processing System



The last two county classifications (in green) are considered rural for the purposes of Performance Measure 4: micropolitan (MIC) or noncore/outside (OUT).

A note about PM4-Totals

Keep in mind that individual beneficiaries can have more than one of the three characteristics that qualify for Performance Measure 4 (PM4). The numbers on the PM-4 totals tab represent characteristics, not unduplicated persons. If a client is low-income, rural, and not a primary English speaker, a contact with that person will result in a count of 3 on the PM4-Totals tab.

See the SHIP Performance Measure Report At-A-Glance Reference in the STARS Resources Kit (login required). In addition to the definitions and quidance included in this chapter, it provides a table showing all the data sources for each SHIP Performance Measure.

MIPPA Performance Measures Report

The MIPPA Performance Measures Report quantifies the performance of each MIPPA program on four Performance Measures, as defined by ACL:

- Performance Measure 1 Overall MIPPA Contacts
 - Percentage of total beneficiary contact forms per Medicare beneficiaries under 150% of the Federal Poverty Line in the state/territory
- Performance Measure 2 Overall Persons Reached Through Outreach
 - Total number of people reached as reported on group outreach and education forms
- Performance Measure 3 MIPPA Target Populations
 - Total number of beneficiary contact forms by target beneficiary groups (Under 65, Rural, Native American, English as a Secondary Language)
- Performance Measure 4 Contacts with Applications Submitted
 - Percentage of forms with applications submitted compared to overall MIPPA contacts reported in Performance Measure 1

Performance Measures 1, 3, and 4 summarize MIPPA program performance related to beneficiary contacts (collected through the Beneficiary Contact Form and Beneficiary Additional Session Form), while Performance Measure 2 summarizes MIPPA performance related to outreach (collected through the Group Outreach and Education Form). None of the MIPPA Performance Measures use data from the Media Outreach and Education Form.



Report Format

The MIPPA Performance Measures Report can be run for an entire state/territory, a sub-state, or site, depending on your STARS user role and location in your state/territory's STARS hierarchy. It may be run for any date range up to one calendar year. The SHIP TA Center recommends that you use the default setting (Microsoft Excel) when generating this report.

The Summary tab of the MIPPA Performance Measures Report displays information that is very similar to the SHIP Performance Measures Report, but in a slightly different format. It will also be labeled as "State Summary" when the report is generated for an entire state/territory and as "User Summary" when generated for a sub-state or site.

State Summary Tab

Unlike the SHIP Performance Measures Report, the State Summary tab in the MIPPA Performance Measures Report does not show Likert ratings. However, it does show similar information regarding the targeted Medicare population, the total number of people reached, and the percent change in the number of people reached. See below for an example State Summary tab.

MIPPA Performance Measures Report - State			t -	State N	ame		A	
Current Period	09/01/2020	- 08/31/202	21				_	
Prior Period	09/01/2019	- 08/31/202	20			Administ	ration for Co	mmunity l
Report run on:	08/10/2022 at	16:23:35 UTC						
Performanc	e Measure	Cur	rent Date Rar	nge		Prior Period		
PM 1: Overall M	IPPA Contacts	Total Medicare Beneficiaries Below 150% FPL	Total Reached	Percent Reached	Total Reached		Percent Change	
		345,455	9	0.00%	16		-43.75%	
Total Rea		Total Reached	d	Total Reached		Percent Change		
PM 2: Overall Person Outre		100			1,314		-92.39%	
PM 3: Beneficia	ries Under 65		0		4		-100.00%	
PM 3: Rural B	eneficiaries		1		3		-88.87%	
PM 3: Native Ameri	can Beneficiaries	0			6		-100.00%	
PM 3: ESL Beneficiaries 3		3		6		-50.00%		
PM 4: Contacts with Applications Submitted		Overall MIPPA Contacts	Contacts with Applications Submitted	Percent with Applications Submitted	Overall MIPPA Contacts	Contacts with Applications Submitted	Percent with Applications Submitted	Percent Change
		9	6	68.67%	16	10	62.50%	-40.00%

Like the SHIP Performance Measures Report, the State Summary tab displays data for each Performance Measure for the current date range (the date range selected) and the previous date range (one year before the date range selected). The MIPPA program does not use Likert ratings, so the MIPPA Performance Measure Report does not include them.



In this report, the Medicare population data (denominator data) is used for Performance Measure 1. It is specified in the "Total Medicare Beneficiaries below 150% FPL" field under the Current Date Range section. The total numbers of people reached for each Performance Measure during the current date range are displayed in the first yellow column, and the numbers for the previous date range are displayed in the blue column. The final yellow column displays the calculated percent change in number of people reached between the specified date range and the previous date range. This percentage will be positive if there was an increase in the number of people reached and negative if there was a decrease in the number of people reached.

The final row with data for MIPPA Performance Measure 4 includes additional information. Because this Performance Measure focuses on the percentage of MIPPA contacts in which counselors help beneficiaries submit applications, this row displays the total number of MIPPA contacts, the number of contacts in which an application was submitted, and a percentage calculated based on those two numbers. These three data elements are displayed for both the current and previous date ranges.

User Summary Tab

The User Summary tab available in the sub-state and site MIPPA Performance Measure Reports displays almost the same information as the State Summary tab, but for a sub-state or site rather than an entire state/territory. The Medicare population data (denominator data) is not included in the User Summary tab. An example User Summary tab is shown below.

MIPPA Performance Measures Report -

User

Current 09/01/2020 - 08/31/2021 Sub-State/Site

Prior Period 09/01/2019 - 08/31/2020 Report run on: 08/10/2022 at 16:26:51 UTC



Performance Measure	Current Period						
	Total Reached			Total Reached			Percent Change
PM 1: Overall MIPPA Contacts	4			10			60.00%
PM 2: Overall Persons Reached through Outreach		0		1,130			-100.00%
PM 3: Beneficiaries Under 65	0			2			-100.00%
PM 3: Rural Beneficiaries		0		2			-100.00%
PM 3: Native American Beneficiaries		0		4			-100.00%
PM 3: ESL Beneficiaries	2			4			-50.00%
PM 4: Contacts with Applications	Overall MIPPA Contacts	Contacts with Applications Submitted	Percent with Applications Submitted	Overall MIPPA Contacts	Contacts with Applications Submitted	Percent with Applications Submitted	Percent Change
Submitted	4	3	75.00%	10	6	60.00%	-50.00%



PM1, PM2, PM3.1, PM3.2, PM3.3, PM3.4, and PM4 Tabs

The remaining tabs in the MIPPA Performance Measures Report display more in-depth data about the people reached for each of the MIPPA Performance Measures. There are no format differences for state-level reports versus sub-state and site-level; the only differences are the scope of the data available within the report because of the STARS hierarchy. Each display data for the Performance Measure indicated in the tab name. Tabs PM3.1, PM3.2, PM3.3 and PM3.4 all display data for the different MIPPA target populations defined in Performance Measure 3. The Performance Measure data shown in each tab is summarized below:

- PM1: Performance Measure 1 Overall MIPPA Contacts
- PM2: Performance Measure 2 Overall Persons Reached Through Outreach
- PM3.1: Performance Measure 3 MIPPA Target Populations (Beneficiaries Under 65)
- PM3.2: Performance Measure 3 MIPPA Target Populations (Rural Beneficiaries)
- PM3.3: Performance Measure 3 MIPPA Target Populations (Native American Beneficiaries)
- PM3.4: Performance Measure 3 MIPPA Target Populations (Beneficiaries with English as a Non-Primary Language)
- PM4: Performance Measure 4 Contacts with Applications Submitted

Each tab breaks down the total number of people reached for each Performance Measure by county. The "Current Period" columns list the total number of MIPPA contacts, the total number of contacts with applications submitted, and the percentage of contacts with applications submitted per county during the selected date range. The "Prior Period" columns list the total number of MIPPA contacts, the total number of contacts with applications submitted, and the percentage of contacts with applications submitted per county during the prior date range. The "Percent Change" column displays the calculated percent change in the number of MIPPA contacts between the specified date range and the previous date range for each county.

Like the SHIP performance Measure Report, these tabs in the MIPPA Performance Measures Report provide useful information about the counties included in the report data. For more information about the FIPS code and urban-rural classification code, see the FIPS and Urban-Rural Classification Codes section.

MIPPA Denominator Data Source

For the MIPPA program, denominator data is only used for Performance Measure 1. This data comes from Centers for Medicare & Medicaid Services (CMS) data about the population eligible for the Limited Income Subsidy (LIS). Currently, the MIPPA denominator data is aligned with



the SHIP program grant year (April 1 – March 31). An upcoming STARS enhancement will align the data to the MIPPA grant year (September 1 – August 31).

See the <u>MIPPA Performance Measure Report At-A-Glance Reference</u> in the STARS Resources Kit (login required). In addition to the definitions and guidance included in this chapter, it provides a table showing all the data sources for each MIPPA Performance Measure.

Resource Report

Overview

The Resource Report gathers demographic information and time spent for active team members. This report looks at the user role and paid status (paid, in-kind, volunteer) of the active team members for the date range selected. It also includes information about the hours spent on different activities by team members based on their role and the type of work. This report is used at the national level to report to Congress and other stakeholders about the numbers of hours spent on the program, including volunteer hours, and the demographics of team members.

Definition of "Active" on the Resource Report

For the purposes of the Resource Report, A SHIP team member is deemed active if they have time entered on any category on the Activity Form or are listed in the Session Conducted By field on any form during the report date range.

Report Format

The Resource Report can be run for an entire state/territory, a sub-state, or site, depending on your STARS user role and location in your state/territory's STARS hierarchy. It may be run for up to one year, in monthly increments. Like other STARS reports, you should use the default setting (Adobe PDF) when generating this report.

The Resource Report is divided into three sections. The first section of the Resource Report (shown below) is comprised of a table with information about the number of active SHIP-paid, in-kind, and volunteer team members in STARS. SHIP-paid team members are paid by funding from the SHIP program, in-kind team members are paid by funding other than the SHIP program, and volunteer team members perform SHIP work without any compensation. For additional information about paid status definitions, see Chapter 3.



This section also displays a breakdown of the number of hours spent on different categories of SHIP work by STARS user role. The categories of SHIP work in the "Hours Spent" section are defined below:

- Beneficiary Contact: Time entered into the Beneficiary Contact Form or Beneficiary Additional Session Form. For beneficiary contact definitions, refer to Chapter 4.
- Group Outreach: Time entered into the Group Outreach & Education Form or Additional Team Member Form. For group outreach definitions, refer to Chapter 5.
- Media Outreach: Time entered into the Media Outreach & Education Form or Additional Team Member Form. For media outreach definitions, refer to Chapter 5.
- Other Activities: Time entered into the Activity Form. Currently, this includes time spent on administrative support, program management, training, and other SHIP work. In a future enhancement, training time will be entered into the Training Form, and hours will display in a separate category in the Resource Report. For additional information about the Activity Form, refer to Chapters 2 and 3.

	SHIP Pe	rsonnel by Pa	id Status	Hours Spent					
	SHIP-Paid	In-Kind	Volunteer	Beneficiary Contact	* I (stoup Outreach I Me		Other Activities	Total	
SHIP Director	2	0	0	18.75	0.00	15.00	35.00	68.75	
Assistant Director	2	0	0	2.83	0.00	3.00	0.00	5.83	
State Staff	0	0	0	0.00	0.00	0.00	0.00	0.00	
Sub-state Manager	0	0	0	0.00	0.00	0.00	0.00	0.00	
Sub-state Staff	2	0	0	1.00	4.00	3.00	0.50	8.50	
Site Manager	2	0	0	0.00	0.00	3.00	50.00	53.00	
Site Staff	0	1	0	0.00	0.00	0.00	50.00	50.00	
Team Member	0	0	1	1.00	0.00	0.00	0.00	1.00	
STARS Submitter	0	0	0	0.00	0.00	0.00	0.00	0.00	
Total	8	1	1	23.58	4.00	24.00	135.50	187.08	

The second section of the Resource Report displays a breakdown of the number of hours spent on different categories of SHIP work by users' paid status. The same categories for paid status (SHIP-Paid, In-Kind, and Volunteer) and SHIP work (Beneficiary Contact, Group Outreach, Media Outreach, and Other) are used as in the section above. Training is currently captured under Other Activities, but it will be a separate category in the future.

Hours Spent	SHIP-Paid	In-Kind	Volunteer
Beneficiary Contact	22.58	0.00	1.00
Group Outreach	4.00	0.00	0.00
Media Outreach	24.00	0.00	0.00
Other Activities	85.50	50.00	0.00
Total	136.08	50.00	1.00



The third section of the Resource Report displays demographic information about active SHIP counselors in the state/territory, sub-state, or site selected during the time period selected. A SHIP team member is deemed active if they have time entered during the report date range on:

- Any category on the Activity Form.
- Any form when named in the Session Conducted By field.

The counselor demographics displayed include team members' number of years of SHIP work, age, gender, race, and languages spoken. SHIP team members' age is automatically calculated based on the date of birth entered into their Team Member Form.

NI.	mahar	of Total Active Councelers with	tha Ea	Ilouring Characteri	otioo	
INU	ımber	of Total Active Counselors with	the Fo	bllowing Characteri	Stics	
Years of SHIP		Counselor Race		Counse	or Languag	jes
Less Than 1	1	American Indian / Alaskan	1		Primary	Secondary
1 Year Up to 3	6	Native Asian	1	English	8	1
3 Years Up to 5	2	Black or African American	1	Chinese	0	0
More Than 5	1	black of African American		Korean	0	0
Counselor Age		Native Hawaiian or Pacific	2	Russian	0	0
Less Than 65	7	Islander Hispanic/Latino	1	Spanish	0	1
65 Years or	1	White	4	Vietnamese	0	0
op Years or			0	Other	1	1
Counselor Gend	er	Not Collected	Ü			
Female	6					
Male	4					
Other	0					
Not Collected	0					

STARS Summary Reports and Data Export Reports

Overview

STARS Summary Reports and Data Export Reports focus on the beneficiary contact data from the Beneficiary Contact Form (BCF) and the Beneficiary Additional Sessions (BAS) Form. These reports replace the Advanced Search for the Topics Discussed and Beneficiary Race fields. Summary Reports displays summary totals without case identifying information, while Data Export Reports display an Excel list of data with case-identifying information. In addition, there are STARS Summary Reports focused on the Group Outreach and Education (GOE) and Media Outreach and Education (MOE) forms.

On the next page is a table comparing these two types of reports.



STARS Summary Reports	Data Export Reports
 Aggregated beneficiary contact data from most fields on BCF and BAS in one report format Aggregated outreach data from most fields on GOE or MOE forms 	 Lists all matching records and displays <u>specific</u> fields from either BCF or BAS forms (separate reports) Not available for GOE or MOE
(separate reports)	forms
 No case-identifying information (such as case #) 	 <u>Includes</u> case-identifying information (date, case #, zip)
<u>Six</u> -month time frame maximum	One-month time frame maximum

STARS Summary Reports

STARS Summary reports are available for both the SHIP and MIPPA program for beneficiary contacts, group outreach, and media outreach. Each of these reports can be run for an entire state/territory, a sub-state, or site, depending on your STARS user role and location in your state/territory's STARS hierarchy. They may be run for a date range of up to six months. Summary reports will be generated in Microsoft Excel.

Report Format

Summary reports display total numbers for most fields on the given form. The example below is for beneficiary contacts. It includes Beneficiary Contact Forms and Beneficiary Additional Sessions Forms with each possible response in the different form fields, including all fields in the Topics Discussed section. The "Distribution" column on the right-hand side of the report displays the percentage of forms that each individual response.

Beneficiary Contact Sun	nmary Report – Partner Organi	zation Affiliation			
Date of Contact:	01/01/2021 - 06/30/	/2021			
Report Run Time:	06/02/2022 20:24:06 aa				
Partner Organization Affili	ation: Virginia SHIP				
		BCF	BAS	Total	Distribution
Total Beneficiary Contacts:		28	16	44	100.00%
MIPPA		3	1	4	9.10%
Send to SMP		0	-	0	0.00%
CMS Outreach Congressional Office		4	-	4	7.14% 14.29%
Friend or Relative		2	-	2	7.14%
Health/Drug Plan		3	-	3	10.71%
Partner Agency		3	-	3	10.71%
Previous Contact		3	-	3	10.71%
SHIP Mailings		4	-	4	14.29%
SHIP Media		1	-	1	3.57%
SHIP Presentation		2	-	2	7.14%



Note: The bottom of the beneficiary contact summary reports display the total time spent and average time spent for the Beneficiary Contact Forms and Beneficiary Additional Sessions Forms totaled in the report. This kind of data is frequently requested from programs and is easier to obtain from the summary reports than from Advanced Searches.

Data Export Reports

Data export reports are available in STARS for beneficiary contacts. Different reports display different data fields from the "Topics Discussed" section of the Beneficiary Contact Form or Beneficiary Additional Sessions Form. The data fields displayed in the report are indicated in the name of each report. Each report is also given an identifying number as part of its name. The data export reports available in STARS are:

- 207: Beneficiary Additional Sessions Monthly Data Export
- 208: Beneficiary Contact Monthly Data Export
- 216: Beneficiary Contact Monthly Data Export (Part D LIS, Medicaid, and Additional Topic Details Specific Topics Discussed)
- 217: Beneficiary Additional Sessions Monthly Data Export (Part D LIS, Medicaid, and Additional Topic Details Specific Topics Discussed)
- 219: Beneficiary Contact Monthly Data Export (Fraud and Abuse and New Medicare Card Topics Discussed)
- 220: Beneficiary Additional Sessions Monthly Data Export (Fraud and Abuse and New Medicare Card Topics Discussed)

Each of these data export reports can be run for an entire state/territory, a sub-state, or site, depending on your STARS user role and location in your state/territory's STARS hierarchy. They may be run for a date range of up to one month and will be generated in Microsoft Excel.

Report Format

Data export reports display detailed case information for individual Beneficiary Contact Forms and Beneficiary Additional Sessions Forms within the selected organization and time period. They will help you find individual contacts, if needed, based on a topic discussed or beneficiary race. In this way, they replace the Advanced Search for that function. Each row represents a different contact, and each column represents a different field in the BCF or BAS. Users can scroll through the report and identify individual contacts by the SHIP Case Number listed in the first column.

An excerpt of a data export report is displayed on the next page.

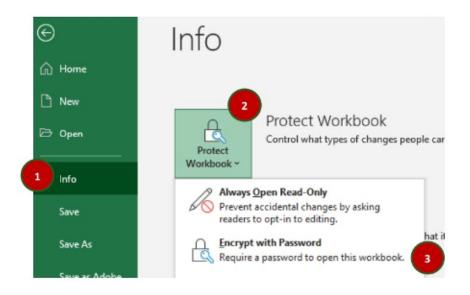


SHIP Case Number	MIPPA	Partner Organization Affiliation	Session Conducted By	Date of Contact	Zip Code of Session Location	County of Session Location	State of Session Location
IA-21-12294	No	Virginia SHIP	Maria Martinez	01/20/2021	20121	Fairfax	Virginia
IA-21-12295	No	Virginia SHIP	Jane Bennet	01/15/2021	20121	Fairfax	Virginia
IA-21-12300	No	Virginia SHIP	Maria Martinez	01/13/2021	20121	Fairfax	Virginia
VA-21-12274	No	Virginia SHIP	George Wickham	01/05/2021	20121	Fairfax	Virginia
VA-21-12276	No	Virginia SHIP	George Wickham	01/12/2021	20121	Fairfax	Virginia

Important Note:

Because the Data Export Reports include identifying case information, including the first and last name of the beneficiary, they should be encrypted before being emailed or saved to a shared folder.

To encrypt a document in Microsoft Excel, go to the File menu, then use the "Info" option to "Protect Workbook" by encrypting with a password. You will need to follow the prompts. See the screenshot below.

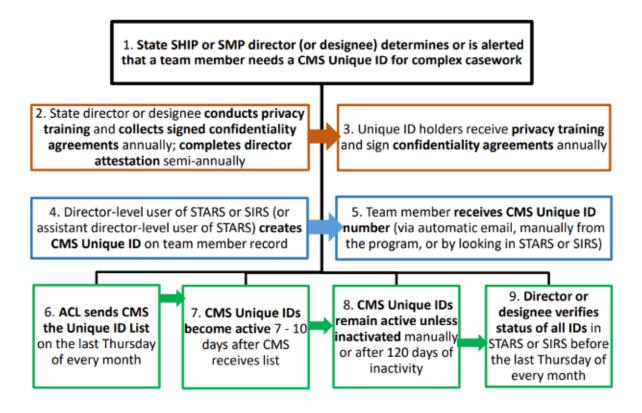




Unique IDs Report

Overview

The Unique IDs Report, currently named the 1-800 Medicare Unique IDs Report, is a snapshot of STARS users with active and inactive CMS Unique IDs. It will be renamed *CMS Unique IDs Report* as part of a 2023 STARS enhancement. Information on this report is generated from the Unique ID fields in the Team Member Form. The state-level Unique ID report is only visible to SHIP Director and SHIP Assistant Director users for their state or territory. ACL uses a national version of this report to provide the Centers for Medicare & Medicaid Services (CMS) with a monthly list of users who have active CMS Unique IDs in the system. CMS activates and inactivates CMS Unique IDs monthly according to the information in this national report. SHIP directors are responsible for ensuring that this report is accurate before the last Thursday of every month. Below is a broad overview of the process by which CMS Unique IDs are managed nationally using the CMS Unique ID Report. For additional information about the CMS Unique ID program, see Chapter 3 or the CMS Unique ID Job Aids in the STARS Resources Kit (login required).



Report Format

The Unique IDs Report can be run for an entire state/territory, a sub-state, or site by SHIP Director or SHIP Assistant Director-level users. Because it provides a snapshot of information at



the time the report is run, no date range is entered. The SHIP TA Center recommends that you use the default setting (Microsoft Excel) when generating this report.

Once downloaded, this report is easy to review and understand. It provides basic information about SHIP team members with active or inactive CMS Unique IDs in STARS, including their first and last name, organization, state, and county. The final two columns list the status of their CMS Unique ID (active or inactive) and their CMS Unique ID number (currently called "1-800-Medicare ID" in the report). This is the information that CMS uses to ensure that the correct CMS Unique IDs are active and inactive each month. A sample report (with fake team member names and fake Unique ID information) is below.

SHIP 1-800 Medicare Unique IDs Report - State/Sub-State/Site

Report run on

05/13/2022 at 16:06:26 UTC

Report run on:		05/13/2022 at 16:06:26 UT	C			
First Name:	Last Name:	Organization:	State:	County:	Status:	1-800 Medicare ID:
Jane	Bennet	Virginia SHIP	Virginia	Fairfax	Inactive	51294829
Emmet	Brown	Virginia SHIP	Virginia	Prince William	Inactive	51646817
Kiko	Brown	Virginia Site 1020	Virginia	Prince William	Inactive	51948857
Dan	Daniels	Virginia SHIP	Virginia	Prince William	Inactive	51352902
Fitzwilliam	Darcy	Virginia SHIP	Virginia	Fairfax	Inactive	51383492
Demo	Director	Virginia SHIP	Virginia	Arlington	Inactive	51293733
Bluey	Dog	Virginia SHIP	Virginia	Prince William	Inactive	51806022
Bingo	Dog	Virginia SHIP	Virginia	Prince William	Inactive	51724935
Daffy	Duck	Virginia Site 1010	Virginia	Prince William	Inactive	51409257
Mister	Ed	Virginia SHIP	Virginia	Prince William	Inactive	51425230
Anne	Elliot	Virginia SHIP	Virginia	Fairfax	Inactive	51718166
William	Elliot	Virginia Site 1010	Virginia	Fairfax	Inactive	51378077
Mary	Elliot	Virginia Site 1020	Virginia	Fairfax	Active	51130923
Paul	Fleming	Virginia Sub-State 510	Virginia	Fairfax	Inactive	51511377
Fantastic	Four	Virginia SHIP	Virginia	Prince William	Active	51209629
Katie	Glendening	Virginia SHIP	Virginia	Prince William	Inactive	51854294
Joe	Green	Virginia Sub-State 510	Virginia	Prince William	Inactive	51050580
Gladys	Jones	Virginia Site 1020	Virginia	Bedford	Inactive	51316946
Gladys	Knight	Virginia SHIP	Virginia	Prince William	Inactive	51357160

Important Note:

Due to the highly sensitive and trusted nature of the CMS Unique ID program, we do not recommend sending this report via email or saving it to a shared drive. If it is absolutely necessary to send this report via email, we recommend <u>encrypting it</u> to prevent unauthorized access to beneficiary information.

SHIP Director Responsibilities and Deadlines

Before the last Thursday of every month, SHIP directors are responsible for ensuring that the list of CMS Unique IDs that ACL will send to CMS for their program is accurate. An accurate list



means that all team members with an "Active" CMS Unique ID status have met the program criteria. Because IDs can become inactivated due to system inactivity, some team members may have an "Inactive" status that should be manually changed to "Active" on their Team Member Form. Changing the CMS Unique ID status within STARS is instant upon saving; however, CMS will not recognize the reactivated Unique ID until they receive the updated list from ACL.

Steps:

- Download the Unique IDs report.
- Review your internal program records about team members who should have CMS Unique IDs.
- 3. Use the Unique IDs report to review the team members who have active and inactive CMS Unique IDs in the data system.
- 4. If any information in the Unique IDs report is inaccurate, make changes as needed by opening, editing, and resaving Team Member Forms, as needed:
 - If they should have an active CMS Unique ID, ensure their Status of 1-800-Medicare Unique ID Number is set to "Active" in their Team Member Form.
 - If their CMS Unique ID should be revoked, set the Status of 1-800-Medicare
 Unique ID Number to "Inactive" in their Team Member Form.

Part D Enrollment Outcome (PDEO) Reports

Overview

The Part D Enrollment Outcome (PDEO) reports in STARS display data related to the cost changes resulting from SHIPs assisting beneficiaries with enrollment in Part D Prescription Drug Plans or Medicare Advantage Plans with Prescription Drug coverage (PDP/MA-PD plans). This process is outlined in detail in Chapter 7. There are two PDEO reports: the PDEO Quality Assurance Review Report and the Part D Enrollment Outcomes Semi-annual Aggregate Report.

PDEO Quality Assurance Review Report

The purpose of the PDEO Quality Assurance (QA) Review Report is to assist with ACL's semiannual quality assurance reviews on Part D enrollment outcomes. This quality assurance process must be conducted by all SHIP programs, even those not participating in Part D enrollment outcomes tracking. In this chapter, we provide a simple overview of this report; however, SHIP directors will need to follow the more detailed instructions in Chapter 7 of the STARS Manual for using this report to comply with ACL guidelines.

Report Format

The PDEO QA Review Report can be run for an entire state/territory, a sub-state, or site, depending on your STARS user role and location in your state/territory's STARS hierarchy. It



may be run for a date range of up to six months. The PDEO QA Review Report will be generated in Microsoft Excel.

The PDEO QA Review Report has two tabs labeled "Valid" and "Flagged." Detailed case information for all Beneficiary Contact Forms and Beneficiary Additional Sessions Forms including PDEO data for the selected organization and time period are displayed in each of these tabs. Each row represents a different contact, and each column represents a different field in the BCF or BAS. For detailed information about the criteria STARS uses to determine whether a contact will be displayed in the "Valid" or "Flagged" tab, see Chapter 7. Columns N and O display data from the Original PDP/MA-PD Cost" and "New PDP/MA-PD Cost" fields, and column P displays the cost change calculated from those two fields. Original Fields in columns R-V are blank for contacts when generated, and they should be filled out during the quality assurance review process. An excerpt of the PDEO QA Review Report is displayed below.

Partner Organization Affiliation	Date of Contact	Session Conducted By	Beneficiary First Name (BCF)	Beneficiary Last Name (BCF)	Medicare Part D Enrollment	Medicare Advantage MA and MA PD Enrollment	Additional Topic Details New to Medicare		Field 2	Cost Change
Virginia SHIP	01/05/2021	George Wickham			no	yes	yes	286.00	45.00	241.00
Virginia SHIP	01/06/2021	Fitzwilliam Darcy			no	yes	no	27000.00	1000.00	26000
Virginia SHIP	01/12/2021	George Wickham			no	yes	yes	27000.00	1000.00	26000.00
Virginia SHIP	01/13/2021	Fitzwilliam Darcy			yes	no	yes	27000.00	1000.00	26000.00
Virginia SHIP	01/19/2021	George Wickham			no	yes	yes	27000.00	1000.00	26000.00
Virginia SHIP	01/20/2021	Fitzwilliam Darcy			no	yes	yes	27000.00	1000.00	26000.00
> Vali	d Flagged	(+)								1 4

SHIP Director Responsibilities and Deadlines

All SHIP directors, including directors of SHIP programs not participating in the Part D Enrollment Outcomes process, must conduct semi-annual quality assurance reviews on Part D Enrollment Outcomes. The quality assurance process involves reviewing data to determine if it is erroneously or inaccurately entered in the Special Use fields. SHIP programs must review data that is displayed as "valid" or "flagged" on the report, and edits in STARS may be required to ensure that the semi-annual PDEO QA report is accurate for the quality assurance review period. After the review has been completed, SHIP Directors must encrypt and email this report, along with the required attestation form, to ship@acl.hhs.gov to confirm the quality assurance process is complete. The semiannual review process must be completed by March



31st and September 30th each year. For detailed information about the PDEO quality assurance process, see the "Quality Assurance" section of Chapter 7.

Part D Enrollment Outcomes Semi-Annual Aggregate Report

The Part D Enrollment Outcomes Semi-Annual Aggregate Reports provide aggregate summaries of valid enrollment contacts reported during the time period selected. Only data that is displayed in the "Valid" tab of the PDEO QA report will be displayed in the aggregate report. Incomplete (flagged) enrollment contact data will not populate on this report. The Part D Enrollment Outcomes Semi-annual Aggregate Report and the cost change data displayed within it may not be shared with outside entities until ACL has verified that the data is accurate through the PDEO QA review process.

There are two types of PDEO Semi-Annual Aggregate Reports. The Part D Enrollment Outcome Aggregate Report – State shows aggregate data for an entire state/territory, a sub-state, or site, while the Part D Enrollment Outcome Aggregate Report – Team Member breaks down the aggregate data by the Team Member displayed in the Session Conducted By field.

Report Format

The Part D Enrollment Outcomes Semi-Annual Aggregate Reports can be run for an entire state/territory, a sub-state, or site, depending on your STARS user role and location in your state/territory's STARS hierarchy. It may be run for a date range of up to six months. It will be generated in Microsoft Excel.

The PDEO Semi-Annual Aggregate Reports display total summaries of valid PDEO cost change data, as well as this data broken down by beneficiary income and beneficiary "New to Medicare" status. The "Income Not Reported" column summarizes data in which "Not Collected" is selected in the "Beneficiary Monthly Income" field. The report also displays summaries of valid PDEO cost change data by the type of plan enrollment: Part D plans (row labeled "PDP" and Medicare Advantage Plans with prescription drug coverage (row labeled "MA-PD"). An excerpt of a PDEO Semi-Annual Aggregate Report is displayed below.

Part D Enrollment Outcome Aggregate Report – Virginia SHIP Run Date: Wed Jan 20 16:37:14 EST 2021 Date Range (12/20/2020 - 01/20/2021)									
		All Enrollment Assistance	All Original Cost	All New Cost	All Cost Change	All Average Cost Change	All Cost Change Income > 150% FPL	All Cost Change Income < 150% FPL	Income Not Reported
State Totals	Total	6	\$162,000.00	\$6,000.00	\$156,000.00	\$26,000.00	\$52,000.00	\$104,000.00	\$0.00
State Totals	PDP	1	\$27,000.00	\$1,000.00	\$26,000.00	\$26,000.00	\$0.00	\$26,000.00	\$0.00
State Totals	MA-PD	5	\$135,000.00	\$5,000.00	\$130,000.00	\$26,000.00	\$52,000.00	\$78,000.00	\$0.00
Virginia SHIP	Total	6	\$162,000.00	\$6,000.00	\$156,000.00	\$26,000.00	\$52,000.00	\$104,000.00	\$0.00



Technical Assistance

Booz Allen Hamilton (a.k.a. "Booz Allen"): For STARS technical assistance, such as for difficulties with usernames, passwords, and to unlock accounts, contact the Booz Allen STARS help desk at boozallenstarshelpdesk@bah.com or 703-377-4424.

SHIP National Technical Assistance Center (SHIP TA Center): The SHIP TA Center provides programmatic support for the use of STARS. They provide this support through webinar training, a manual, handouts, pre-recorded training, and 1-on-1 technical assistance.

- Webinars, manual, handouts, pre-recorded training: Login at www.shiphelp.org to access training materials. Upon login, go to "STARS" in the navigation pane.
- General STARS Technical Assistance: A dedicated email address has been set up to receive emailed questions about STARS: stars@shiptacenter.org. You can also call for technical assistance using our toll-free number, 877-839-2675, or by calling Dennis Smithe directly at 319-287-1183.
- Website Access Support: For assistance accessing password-protected STARS resources, email <u>info@shiptacenter.org</u>. You can also call our toll-free number, 877-839-2675, or you can call Sarah Fleming directly at 319-874-6869.

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